



## Mentoring Programs That Work

# PROTÉGÉ INFORMATION FORM

Women's Network for Entrepreneurial Training (WNET)

Name, Title:

Name of Business:

Business

Address:

Business Phone:

Home

Address:

Home Phone:

Type of Business:

- |  |   |
|--|---|
| <input type="radio"/> Accounting                       | <input type="radio"/> Insurance                       |
| <input type="radio"/> Agriculture                      | <input type="radio"/> Industrial Manufacturing        |
| <input type="radio"/> Architecture, Engineering        | <input type="radio"/> Legal Services                  |
| <input type="radio"/> Business Services                | <input type="radio"/> Professional/Technical Services |
| <input type="radio"/> Communications/Public Relations  | <input type="radio"/> Real Estate                     |
| <input type="radio"/> Construction/General Contracting | <input type="radio"/> Restaurant/Food Service         |
| <input type="radio"/> Consumer Manufacturing           | <input type="radio"/> Technology                      |
| <input type="radio"/> Education                        | <input type="radio"/> Travel/Tourism                  |
| <input type="radio"/> Financial Services               | <input type="radio"/> Transportation                  |
| <input type="radio"/> Health Care                      | <input type="radio"/> Other _____                     |

Date Business

Was Started:

Are you interested in receiving publicity about  
participating in the program?

Number of

Employees:

- ☐ Yes  
☐ No

Please mark which business topics you are interested in receiving assistance in:

- |   |   |
|---|---|
| <input type="radio"/> Developing a Business Plan          | <input type="radio"/> Office Technology                   |
| <input type="radio"/> Marketing and Advertising           | <input type="radio"/> Business Structure and Organization |
| <input type="radio"/> Accounting and Financial Management | <input type="radio"/> Expanding Your Business             |
| <input type="radio"/> Personnel and Staffing              | <input type="radio"/> Government Procurement              |
| <input type="radio"/> Managing Your Inventory             | <input type="radio"/> Sales                               |
|   | <input type="radio"/> Other _____                         |

PLEASE NOTE: The estimated burden for completing this form is 5 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-). Washington, DC 20503.

# Mentoring Programs That Work

OMB NO: 3245-0316  
Expiration Date: 12/31/2000

---

## Protégé Information Sheet, Continued

Brief statement explaining your interest in this program: \_\_\_\_\_

---

---

---

What do you think is the most important skill you can receive from your mentor?

---

---

---

---

Please attach a current bio or resume' if available.

By submitting this information form, I am agreeing to commit to meeting my mentor for an average of four hours a month for one year.

Date:\_\_\_\_\_ Protégé Name\_\_\_\_\_

### RETURN TO:

**Women's Business Office Representative  
Small Business Administration District Office.**